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Adolescents' patterns of depressive symptoms, proactive coping and self-perceived success in academic domain

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Abstract

The purpose of this study is to examine the adolescents' depressive symptom patterns in relation with their level of proactive coping and self-perceived success in the academic domain. 100 adolescents, aged 17 – 19 years ($M = 17.97$, $SD = .43$), 41 male and 59 female students participated in the study. Data were collected with three self-report scales. The results revealed that the relations between the variables and those patterns of depressive symptoms were differentiated by the interaction between adolescents' gender, level of proactive coping and of self-perceived success in the academic domain. The results can be included in adolescents' trainings and in activities that prevent the adolescents' depression.

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Keywords: adolescence; depressive symptoms; proactive coping; self-perceived success in the academic domain

1. Introduction

Many studies (Lipps et al., 2010) treat some symptoms of depression as something ordinary for a teenager (the so called "adolescent turmoil"). Adolescents' sadness and irritable mood, pessimism and discouragement about the future, the feeling of failure, dissatisfaction, self dislike, loss of interest, difficulty to make decisions, concerns about physical aspect, loss of energy for work and activity, tiredness, changes in sleeping patterns, irritability, changes in cognitive activity, the feeling of incapacity and uselessness, sleep disorders (the time allocated for sleeping is

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reduced and sleeping becomes superficial), changes in appetite, suicidal thoughts (Luty & O’Gara, 2006; Gotlib & Hammen, 2009; Hammen, 2009) are frequent among adolescents and are associated with poor academic performance, drug abuse and addiction (Conway et al., 2011; Salle et al., 2012) so it is important to expand researches on nowadays adolescents’ personal resources that can limit or eliminate completely the risk of depression. Such intrapersonal resources are coping skills and self-perception when confronting with their life tasks (Richardson & Katzenellenbogen, 2005; Aldridge & Roesch, 2008).

As Greenglas (2002) state “Proactive coping consists of efforts to build up general resources that facilitate the achievement of challenging goals and promote personal growth” (p.6) and can be described by three main characteristics: “it integrates planning and preventive strategies with proactive self-regulatory goal attainment; it integrates proactive goal attainment with identification and utilization of social resources, and it utilizes proactive emotional coping for self-regulatory goal attainment” (p.7).

In special literature (Schwarzer & Taubert, 2002; Vernon, 2012) there is unanimity in connection with the fact that the activation of proactive coping sources helps someone to cope with everyday life.

Self-perceived success in the academic domain is considered as an important intrapersonal resource that function as a protective factor against depressive symptoms by regulating affect and behaviour. Self Perception was approached in relation with all the types of coping strategies and with the sense of competence and accomplishment in school (Harter, 1988, 1999; Stringer & Heath, 2008).

The purpose of this study is to investigate the adolescents’ patterns of the depressive symptoms in association with their gender, level of proactive coping and self-perceived success in the academic domain.

Based on existing conceptual and practical work, it was hypothesised that: a) the students’ depression will be negatively associated with their level of self-perceived success in the academic domain and with their proactive coping level) (H1); b) there are differences concerning the intensity of the depressive symptoms’ appearance according to the interaction between the adolescents’ gender, level of proactive coping and of the self-perceived success in the academic domain (H2).

2. Methods

2.1. Participants

Participants in this study were 100 late-teenagers, aged 17 – 19 years ($M = 17.97$, $SD = .43$), 41 male and 59 female, high school students in the 12th class (the last high school class).

2.2. Instruments

To evaluate adolescents’ depressive symptoms, the Beck Depression Inventory (BDI-13) has been used. The Beck Depression Inventory (Beck et al., 1996; Beck et al., 1988) is a frequently used instrument for measuring depression in both clinical and non-clinical populations. BDI-13 contains 13 items that measure depressive symptoms, according to the criteria in DSM-IV (Vanheule et al., 2008). Each symptom is rated on a four-point scale corresponding to 4 levels of progressive intensity, which describe the individual’s present state (from: 0 = absence of symptom; 1 = weak presence of symptom; 2 = significant presence of symptom and 4 = high presence). Example of sentence: „0 = I do not feel sad; 1 = I feel sad or melancholic; 3 = I am melancholic or sad all the time and I cannot snap out of it; 4 = I am so sad and unhappy that I can't stand it”. The scores of the 13 items are calculated to obtain a general indicator of depression ranging from 0 to 52, higher scores representing a more severe depression. A score of above 20 suggests moderate depression and of 29 or more suggests severe depression (Richardson & Katzenellenbogen, 2005).

To evaluate adolescents’ tendency to proactively adapt to the environment, the Proactive Coping Scale (Greenglass et al., 1999) has been used. The scale consists of 14 items (e.g. I am a "take charge" person, I always try to find a way to work out obstacles; nothing really stops me, I turn obstacles into positive experiences) with a good internal consistency.

Self-perceived success in the academic domain was evaluated by a scale consisting of 3 items that required the evaluation on a 5 points Likert scale (from 1 = to a very low extent to 5 = to a very high extent) of the extent on

which students think that they are successful at school (e.g. “I consider myself a successful student). The Cronbach alpha coefficients of these scales are shown in table 1.

An additional questionnaire required the participants to mention their gender, age, the high school they attend, whether or not they were in treatment for a psychological disorder.

2.3. Procedure and data analysis

Students completed the questionnaires in classroom. Before completing the questionnaires, participants agreed to participate after finding out that they are taking part in a research. The students were ensured that their answers will be confidential.

Statistical analysis has been performed with PASW Statistics 13.0 and depends on correlational and differential analysis.

3. Results

3.1. Descriptive statistics

The main characteristics of the sample according to the measured variables are shown in table 1. As it can be seen, the average score of depression is relatively low and the mean scores of the personal resources' indicators are below the value 4 which means a good adaptation.

Table 1. Descriptive statistics for measured variables

Variable	Mean	SD	Minimum	Maximum	Alpha reliability
Depression	4.23	4.48	0	20	.89
Proactive coping	3.80	.53	2	5	.76
Self-perceived success in academic domain	3.68	.69	3	4	.83

By applying the Bivariate Correlations procedure, we tested if there is a linear association between our variables (table 2). Results showed that, as we had assumed, the higher the level of adolescents' feeling of academic success and proactive coping, the lower the level of depressive symptoms is (H1).

Table 2. Correlations between depression, proactive coping, feeling of academic success

Scale	Proactive coping	Feeling of academic success
Depression	-.34**	-.74**
Proactive coping		-.002ns
Self-perceived success in academic domain		

**Correlation is significant at the 0.01 level (2-tailed), N= 100 students

3.2. Differences concerning the intensity of manifestation of the depressive symptoms according to the interaction between the adolescents' gender, level of proactive coping and self-perceived success in the academic domain

The results from multivariate analysis of variances (MANOVA) show that the interaction between the adolescents' level of self-perception of the academic success and proactive coping differentiate better the following depressive symptoms: sadness, past failure, loss of pleasure, guilt feelings, self-dislike, loss of interest, concerns physical aspect ($F_{(1, 99)} = \text{from } 4.09 \text{ to } 39.04, p = \text{from } .046 \text{ to } < .001, \eta^2 = \text{from } .07 \text{ to } .29$). The gender, the level of proactive coping and the level of self-perceived success in the academic domain differentiate simultaneously like patterns of depressive symptoms: pessimism, loss of energy, concerns about physical aspect and

suicidal thoughts or wishes (higher amongst girls) and past failure, loss of pleasure, self-dislike and indecisiveness (higher amongst boys) (F coefficients: from 24.72, to 85.07, df.13, 2; p = from .002 to < .001, Partial Eta Squared= from .26 to .39).

4. Discussion and conclusions

The research has approached the specific features of the relation between light forms, non-clinical, of depression symptoms shown by adolescents and their adaptive indicators, such as proactive coping and self-perception of academic success. As underlined in special literature, certain depression symptoms may appear during adolescence without being considered clinical (Gotlib & Hammen, 2009; Hammen, 2009). In our sample, the prevalence of depression symptoms was similar to the one detected in other studies (Salle et al., 2012; Avenevoli et al., 2009; Adewuya et al., 2007). We reckon that the identification of relations between the mild forms of showing depression symptoms and the adaptation resources of students is important to prevent depression symptoms from getting worse.

Results showed that, as we had assumed, the higher the level of adolescents' feeling of academic success and proactive coping, the lower the level of depressive symptoms is (H1).

The negative correlation with the level of depression symptoms is stronger regarding the level of adolescents' feeling of academic success than regarding the level of proactive coping, which results in significant practical implications for counselling.

The study revealed that a series of patterns of the depressive symptoms was differentiated by the interaction between the adolescents' gender, level of proactive coping and of the self-perceived success in the academic domain (H2) such as: a) sadness, past failure, loss of pleasure, guilt feelings, self-dislike, loss of interest, concerns physical aspect care se manifestă similar în raport cu interacțiunea dintre level of proactive coping and level of self-perceived success in the academic domain; și b) pessimism, loss of energy, concerns about physical aspect and suicidal thoughts and c) past failure, loss of pleasure, self-dislike and indecisiveness, care se manifestă similar în raport cu interacțiunea dintre gender, the same occurs regarding the interaction between the two sexes, level of proactive coping and level of self-perceived success in the academic domain. Some similar results are reported in many studies (Hilt-Panahon, et al., 2007; Lipps et al. 2010; Salle et al., 2012) and argue the multidimensionality of the depressive symptoms in the adolescence. These results are in line with cognitive theories of depressive disorder (Beck, 1967, 1979), on Bronfenbrenner (1979) socio-ecological perspective on human development, and on Harter (1999)'s phenomenological assumption about adolescents' self-perceptions.

This study does have some limitations, however. One limitation of this study is the fact that it was conducted exclusively with high school adolescents from Bucharest, therefore the findings cannot be generalized to the overall population of Romanian adolescents. Another potential limitation is the use of self-report inventories.

In spite of these limits, the study proved to have brought important information concerning the connection between the adaptation and depression amongst late teenagers. Such information is related to the strong negative relation between non-clinical depression symptoms and the level of feeling of the academic success suggesting that future research could be addressed to the impact of counseling with adolescents in connection to the increase of the level of academic success' feeling and the reduction of depressive symptoms. An academic community that promotes the development of positive self-perception of adolescents and relevant advice could contribute to more efficient self-control of the adolescents' predisposition to develop even milder depression symptoms.

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